

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006651

FILED
Apr 24, 2009
Secretary of State

Entity Name: ODYSSEY HEALTHCARE OF MANATEE COUNTY, INC.

Current Principal Place of Business:

717 N. HARWOOD
SUITE 1500
DALLAS, TX 75201

New Principal Place of Business:

Current Mailing Address:

717 N. HARWOOD
SUITE 1500
DALLAS, TX 75201

New Mailing Address:

FEI Number: 87-0785007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: LEFTON, ROBERT A
Address: 717 N. HARWOOD, SUITE 1500
City-St-Zip: DALLAS, TX 75201

Title: VSGD () Delete
Name: BICKHAM, W. BRADLEY
Address: 717 N. HARWOOD, SUITE 1500
City-St-Zip: DALLAS, TX 75201

Title: SRVP () Delete
Name: GOGUEN, CRAIG P
Address: 717 N. HARWOOD, SUITE 1500
City-St-Zip: DALLAS, TX 75201

Title: SVTS () Delete
Name: ALLISON, RODNEY D
Address: 717 N. HARWOOD, SUITE 1500
City-St-Zip: DALLAS, TX 75201

Title: SVCR () Delete
Name: VENTRE, KATHLEEN A
Address: 717 N. HARWOOD, SUITE 1500
City-St-Zip: DALLAS, TX 75201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRVP (X) Change () Addition
Name: PARNELL, SALLY
Address: 717 N. HARWOOD, SUITE 1500
City-St-Zip: DALLAS, TX 75201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R DIRK ALLISON

SVTS

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date